

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 423273	RECEIPT DATE:	11 / 04 / 99
IA NUMBER:	PCT/ 1B99 / 00348	IA FILING DATE:	03 / 02 / 99
FAMILY NAME:	KALKER	DELAY WAIVED (Y/N):	N
GIVEN NAME:	ANTONIUS A C	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 04 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	PHN 17,317	COUNTRY:	IBX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
		FAX	
NAME:	CORPORATE PATENT COUNSEL		
	PHILIPS ELECTRONICS NORTH AMERICA CORP		
STREET:	580 WHITE PLAINS ROAD		
CITY:	TARRYTOWN		
STATE/COUNTRY:	NY	ZIP:	10591
EMAIL:			
APPLICATION TITLES:			
	EMBEDDING AUXILLIARY DATA IN A SIGNAL		

TAB TO LAST POSITION,PUSH SEND

SERIAL NUMBER 09/423,273	FILING DATE 11/04/99	CLASS 700 713	GROUP ART UNIT 2786 2134	ATTORNEY DOCKET NO. PHN-17.317
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APPLICANT

ANTONIUS A.C.M. KALKER, EINDHOVEN, NETHERLANDS.

CONTINUING DOMESTIC DATA***

VERIFIED

[Signature]

371 (NAT'L STAGE) DATA***

VERIFIED THIS APPLN IS A 371 OF PCT/IB99/00348 03/02/99

[Signature]

FOREIGN APPLICATIONS***

VERIFIED EPO 98200656.1 03/04/98

[Signature]

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/01/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NLX	SHEETS DRAWING 4	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 6
Verified and Acknowledged	<i>[Signature]</i> Examiner's Initials	Initials				

ADDRESS

CORPORATE PATENT COUNSEL
U S PHILIPS CORPORATION
580 WHITE PLAINS ROAD
TARRYTOWN NY 10591

TITLE

EMBEDDING AUXILLIARY DATA IN A SIGNAL

FILING FEE RECEIVED \$1,074	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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